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## APPLICANTS

William Hunter Hudson, Kirkland, WA;  
 Reiner Fink, Mercer Island, WA;  
 Geoff Pease, Bothell, WA;  
 Gerald Maffeo, Woodinville, WA;  
 Yi Meng, Bellevue, WA;  
 Eric LeVine, Seattle, WA;  
 Andrew L. Bliss, Redmond, WA;  
 Andre Vachon, Redmond, WA;  
 Kshitiz K. Sharma, Bellevue, WA;  
 Jing Shan, Boston, MA;

\*\* CONTINUING DATA \*\*\*\*\*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 8	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

26119

## TITLE

Automatic root cause analysis and diagnostics engine

<b>FILING FEE RECEIVED</b> 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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